

FORM SUMMARY

Name of Form: **Order for Supervised Release**

Form Number: **CR-239**

Statutory Reference: §§980.07, 980.08, 980.105, Wisconsin Statutes

Benchbook Reference:

Purpose of Form: To notify the Department of Health and Family Services to prepare for the release of a patient to the community. The court approves of the plan and makes any needed adjustments.

Who Completes It: Court official.

Distribution of Form: A certified copy to Dept. of Health and Family Services (institution). Copies to district attorney, defense attorney, §51.42 Board (of county of respondent's residence), sheriff (where respondent will reside).

Accompanying Forms: None.

New Form/Modification: New form.

Modifications: N/A

Comments:

About this form: This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.